

CARD

Center for Asbestos Related Diseases

Environmental Justice Collaborative Problem Solving Grant CARD Outreach for Recovery Assistance (CORA) Proposal Summary

The vision of The Center for Asbestos Related Disease (CARD) is to establish a comprehensive and holistic approach for the many community members affected by asbestos related diseases (ARD). The CARD clinic staff, and many other professionals who provide services related to ARD have recognized that psychological and social impacts go hand in hand with the psychological impacts of ARD stemming from both occupational and community exposure.

Statement of Problem

The focus of this project will be to address the clinical and sub-clinical mental health issues resulting from the tremolite asbestos exposure in Libby Montana. This includes mental health issues associated with: exposure/risk, diagnosis, disease, and long-term care (which includes health care, palliative care, research, and economics).

Goals and Objectives:

Project Vision: Through a collaborative partnership with multiple entities, the CARD seeks to address the various mental health needs of all segments of the community, throughout Lincoln county, impacted by Libby tremolite asbestos exposure. We will provide the needed emotional and mental health support and services to help identify the psychological and social impacts they may experience; and to develop skills and understanding to successfully adopt to the extreme conditions that they currently face. Each individual and organization contacted through this project will additionally be empowered to seek their own unique solutions to the problems they are confronting.

- a. Develop a collaborative referral network to mental and other ARD related needs.
2. Develop and disseminate written mental health materials and provide education on mental health impacts to individuals and organizations.
3. To provide to all CARD patients and other people receiving medical screening and/or services for ARD (on an individual, family or group basis):
 - Mental health services will be specific to the needs of the individual based on where they are in the asbestos exposure, disease, and care continuum
 - Education about the mental health impacts associated with exposure/risk, diagnosis, disease, and long-term care (health care, palliative care, research, and economics, etc.).
 - Crisis counseling services to identify and remediate mental health issues secondary to asbestos exposure.
 - Crisis counseling services to facilitate adaptation to chronic stress, chronic illness, grief, and terminal illnesses.

Collaborative Partners:OrganizationCollaborative Relationship

Mental Health Center

Referrals for individuals with significant mental health issues,
On-site ARD mental health education and services as needed for clientele and/or staff that are providing long term services to ARD patients.

MASSA - State of Montana

Use CORA, on-site and via referral, for mental health consultations and initial impact support. CORA refers to MASSA for screening/info.

SJLH

Providing in-kind space and IS support to CORA. Coordination with SJLH Community Outreach Social Worker, Home Health and Hospice, as well as in-patient mental health consultations related to ARD.

RHOG - Lincoln County

Coordination with ARD Net case manager: CORA will provide mental health information and support services; short term crisis counseling for sub-clinical issues and mental health/substance abuse assessments. RHOG case manager providing resource referral and practical assistance for non-mental health needs.

Other Potential Partners

Local partners?

Libby Care Center?
CHC?
Libby School District?
HCI?

Partners outside the local community?

Center for Mental Health Services?

For more information contact:

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Libby, MT 59923
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Appendix 3

Environmental Justice Collaborative Problem Solving Grant Program
Linda K. Smith, Project Officer
U.S. Environmental Protection Agency
1200 Pennsylvania Ave. NW
Washington, D.C. 20460 – 0001

September 11, 2003

We the undersigned representatives of the Libby Community Advisory Group, wholeheartedly lend our support to the Center for Asbestos Related Diseases' (CÄRD) request for grant funding through the Environmental Justice Collaborative Problem Solving Grant Program. We applaud the proposed collaborative efforts of the CÄRD, St. John's Lutheran Hospital; Northwest Montana Mental Health Center; the Montana Asbestos Screening and Surveillance Activities (MASSA) program; the Lincoln County Health Department's Asbestos Related Disease Network (ARD Net); and the _____. Through this type of collaboration, the CAG believes that several important objectives may be achieved.

Firstly, the program will provide much needed direct services to victims of asbestos exposure and asbestos related diseases (ARD) from the Libby exposure through skilled psycho-social assessment and intervention. Secondly, it addresses mental health needs in a collaborative process in a variety of settings across the life span of those impacted. This collaborative outreach model has been proven to be more effective than stand alone projects.

Surveys of the affected population have shown that significant numbers continue to report: struggles with feelings of grief, anger, frustration and depression; concerns over their financial and health status; and anxiety over their own and their children's futures. These issues impact not only individuals, but also all service providers working to address tangible needs related to exposure and clean up. By linking the various pieces of the asbestos response and providing mental health expertise and support at every point of contact, the program will enhance the community wide adaptation to this disaster and improve the quality of life for all participants.

The Center for Asbestos Related Diseases has been at the forefront of the remedial response to the health crisis in our community since July of 2000. Ms. Lincoln has been a trusted member of the CÄRD team, and her continued services are vital. We believe that the design of this program is sound and that its goals are achievable. We continue to believe that the solutions to our community's crisis can be found by working with the strengths of our community's individual members and existing organizational structures. We support fully your efforts to fund this program.

Sincerely,

The Libby Community Advisory Group

(Signature Page Attached)

Appendix 4

**Libby Area Technical Assistance Group, Inc.
P.O. Box 53, Libby, MT 59923
293-7446**

Action Items Resulting from JULY 15, 2003 Special Board Meeting

August 8, 2003
Jim Christiansen
EPA, Libby Office
Libby, MT 59923

EPA Action Items arising as a result of the July 15th LATAG special meeting with the EPA:

For each action item below please advise estimated completion date. Also, identify the individual/department responsible for completion tracking and follow-up purposes.

1. The community has been well educated by the EPA that there is no amount of tremolite asbestos that is safe, hence the EPA's original commitment to remove tremolite asbestos from Libby. The community has been subsequently told that containment would be utilized when removal was deemed impossible (e.g., walls, etc.). Now we are advised, via the EPA Contractor work agreements for individual homes that the clean-up will be to the point of "minimal release". Action item: Provide the revised science rationale behind the EPA's shift in clean-up policy from "removal" during the Emergency clean-up phase to "containment" in the interim to "minimal release" for remaining Superfund clean-up activity. Additionally furnish a video for public information/education depicting "minimal release" processes/procedures derived from this revised science.
2. With respect to the varying methods observed in maintaining vehicular cleanliness leaving Libby sites. **Action Item: Provide the vehicle decontamination procedures, CDM's oversight policy on those procedures and EPA's regulations.**
3. **Establish/provide policy that will prohibit workers from bringing their private rigs onto clean-up sites, thereby reducing potential cross-contamination of sites.**
4. **Provide the policy for placement of air monitors and monitoring at clean-up sites and furnish data copy of past/current ambient air reports.**
5. **Provide policy and procedures for conducting interior/exterior air quality tests (detail to include, but not limited to, electrical outlets, heat system vents/ducting and blanking/sealing off requirements).**

6. **Provide science/supporting reasoning behind carpets not being removed from contaminated sites.**
7. **Provide the EPA and Contractor policy and procedures concerning worker health/safety in and around clean-up sites (e.g., face mask and protective clothing utilization). Additionally advice will be given contractors that on-site smoking is blatant disregard of the health message to be conveyed to the community.**
8. Regarding the possibility of going back at set periods of time to retest, the EPA's response that this would be done during the Remedial Investigation phase, and to assure continuity in conduct of valid and meaningful follow-up testing. **Action item: Provide the policy and procedures for doing follow-up air quality testing of homes.**
9. **Provide the science in support of the policy change from encapsulating a home in a bubble to the varying degrees (e.g., small plastic fencing) of clean vs. contaminated boundary definition apparatus currently in use.**
10. In support of the statement "we are comfortable with a small amount of exposure". **Action item: Quantify/provide this level of comfort (amount of acceptable exposure) describing the science behind why heating system vents and ducts do not need to be cleaned of asbestos beyond "vacuuming where we can reach".**
11. **Establish/provide revised/updated Chris Weis studies and risk models replacing those deemed "flawed and outdated" for ease in reconciliation and validation of issues.**
12. Currently homeowner's personal possessions are placed in plastic bags during the clean up of the house and left that way thru turn over to the owner and after passing the air quality test. **Action item: Provide the policy/procedure concerning people's personal belongings/possessions that are in the clean up site, testing in other than actual home environment (e.g. bagged possessions) conditions, and whether EPA is responsible for cleaning or replacing them.**
13. **Provide clarification of the EPA's procedure delegating responsibility to the contractor for approval that an individual clean-up site is complete allowing homeowners to move back in. Additionally clarify who is responsible if it is then found that the site was not clean with individuals/belongings re-contaminated and put at renewed risk.**
14. It was indicated that a procedure would be formalized by the EPA as to what an individual should do when they encounter contamination in the course of their work. **Action item: Provide a description of contamination that an individual could be looking for, what to avoid, action to be taken, and reporting procedure which includes a "chain of command" directory pertaining to who is in charge when/where with emergency contact numbers.**

15. The question was brought up about “clean vermiculite” and/or “non-detect”. Concern was expressed that the matter of non-detect might just be the equipment EPA has on site is not capable of detecting. **Action item: Describe/provide the quality/degree of testing that is being conducted on-site in Libby, how it differs from lab testing done off-site and rationale behind any allowable difference.**

16. Provide the rough drafts of “comfort letters” for review and comment before finalizing. Decide/provide whether specific information concerning individual real estate will be included or not.

17. Establish/provide follow-up claim responsibility policy for cleaned up sites after the EPA moves on, the state’s, the homeowner’s, and the EPA's.

18. Determine/provide policy for what happens in the future regarding those properties where an owner refuses to have his property cleaned.

Sincerely,

George Keck
Chair